

ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Community Hospital EastCity: Indianapolis County: Marion Year: **2004**

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	12	937	3,492	\$3,667
ICU Med/Surg	60	676	6,297	\$11,603
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	149	6,117	26,959	\$3,071
Neonatal Intermed	0	0	0	\$0
Obstetrics	20	2,095	5,210	\$1,859
Pediatric	0	0	0	\$0

Psychiatric	0	0	0	\$0
Rehabilitation	44	780	9,330	\$7,647
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	62	735	9,557	NA
Acute Subtotal	347	11,340	60,845	NA
Normal Newborn	17	1,018	2,610	\$2,303

II. Outpatient Visits			
Circulatory System	6,490	Digestive System	4,341
Endocrine System	6,421	Injuries and Poison	12,210
Mental Disorder	1,034	Musculoskeletal	14,864
Neoplasms	2,420	Nervous	3,780
Respiratory	7,972	Urinary	7,278
Other/Unknown	39,622	Total Visits	106,432
Number of Visits to Emergency Department			43,009
Percent of Emergency Department Visits of Total Visits			40.4%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
Y - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractic Service
Y - CT Scanner	N - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	Y - Home Health Service
Y - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Ophthalmic Surgery	N - Optometric Service	N - Organ Bank
N - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
Y- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	Y - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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